STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

APR 2 3 2019

I. Name of Lobbyist(s)	Kobert C	OLSON		NEW HAMPSHIRE DEPARTMENT OF STAT
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	L	DEI ARTINERT OF STAT
	aw Office Dartnership, firm or corporation			
(Name of	partnership, firm or corporation)		
III. Name of Client	Jone		Date	1-23-19
Political Contributions				
For each political contril	oution that is reportable	e pursuant to RSA Chap	oter 664 paid o	n behalf of the
client/lobbyist and lobby	ring firm, indicate the f	following:		
Full name of sandidates	B cadla.	7.4		
Full name of candidate:	(Last Name)	(First Name)	(Middle N	/ame/Initial)
Amount of contribution \$_	300,00	Office Candidate i		,
If the contribution is an in- actual cost of the in-kind co	kind contribution, provident	e a description of the good	ds or services pro	ovided, and enter the
enter an estimated value an	d the word "estimate."	ove tot amount of contrio	ution. If the acti	uai cost is not known,
Full name of candidate:	GILIDA	Robert	/h4'111 30	T ST N
		(First Name)		ame/Initial)
Amount of contribution \$ _	100, 00	Office Candidate is	Seeking N	1 Senate
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	ntribution on the line abo	e a description of the good ove for amount of contribu	ls or services pro ution. If the actu	ovided, and enter the sal cost is not known,
Full name of candidate:	ward	Ruth		
Full name of candidate: Amount of contribution \$	Ward (Last Name)	(First Name)		ame/Initial)

(If more than three contributions were made, report additional contri	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	,
I have read RSA 15, RSA 15-B and RSA 664 and herebis true and complete to the best of my knowledge and b	by swear or affirm that the foregoing information elief.
T 10 0	4-23-19
1 Let Total	
(Signature of lobbyist) Robert OLSON	(Date)

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